



# Cochise Health & Social Services

Mary Gomez, Director

"Building A Healthier Future"

## RECORDS RELEASE FORM

TO: Cochise County Jail Medical  
203 N Judd Dr.  
Bisbee, AZ 85603

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

*Kristine M. Hills*

THE FOLLOWING MEDICAL RECORDS IN YOUR POSSESSION CONCERNING MY  
ILLNESS, TESTS, PREGNANCY AND/ OR TREATMENT: \_\_\_\_\_

*Copies of all medical records in the file.*

PATIENTS NAME: *Kristine M. Hills*

PATIENTS DOB: *9/17/76*

SIGNED: *Kristine M. Hills* DATE: *4/16/19*  
(PATIENT, PARENT, OR GUARDIAN)

WITNESS: *Bennett, Jr.* DATE: *4/16/19*

Your County Questions Answered: [www.cochise.az.gov](http://www.cochise.az.gov)

Email: [health@cochise.az.gov](mailto:health@cochise.az.gov)

Main: 1415 Melody Lane, Bldg. A, Bisbee, AZ 85603

Phone: 520-432-9400

Fax: 520-432-9480

Benson: 126 W. 5th Street, Benson, AZ 85602

Phone: 520-586-8200

Fax: 520-586-2051

Douglas: 515 7th Street, Douglas, AZ 85607

Phone: 520-364-5600

Fax: 520-364-5453

Sierra Vista: 4115 E. Foothills Drive, Sierra Vista, AZ 85635

Phone: 520-803-3900

Fax: 520-459-8195

Williams: 150 S. Main Street, Williams, AZ 86046



# Cochise County Detention Medical

## CONSENT FOR SERVICES/RELEASE OF INFORMATION/MEDICATION PASS

I am presently in the custody of the Cochise County Sheriff's Department. I agree to have health care services provided to me by Cochise County Detention.

I understand these services will be provided to meet my necessary health care needs during my incarceration. I also understand that I have the right to accept or refuse any services I choose. I know that I can request to have services discontinued at any time.

### EMERGENCY CONTACT INFORMATION

In case of emergency, I want the following person contacted at this number

(520)

456 - 6631 Tucson

### RELEASE OF INFORMATION/TRANSFER HEALTH RECORDS

Initial for consent:

I authorize Cochise County Detention Health Services to receive verbal and written information regarding my health status as necessary for the provision of health care services.

I also authorize Cochise County Detention Health Services personnel to release verbal and written medical and mental health information about me, as necessary, to providers of health services who are actively involved in my care.

I authorize the transfer of health records to other correctional facilities. These records will continue to be confidential as to personal health needs and is in no way part of confinement records.

I further understand that should my health be at risk, the Cochise County Detention Health Services personnel may share selected health information with Detention Officers of the Cochise County Sheriff's department for the protection of my health and wellbeing as well as for the protection of other inmates.

I understand how to receive health care while in this facility and have received a copy of the medication pass, sick call and mental health care instructions.

The above has been explained to me and I understand the procedure for obtaining medication. I also understand that if I fail to take meds as ordered they may be discontinued.

Inmate Name:

Hills, Kristina

DOB:

9/7/76

DATE:

2/26/19

Inmate Signature:

Witness:

CMOS J. Johnson

Mw/Svr-30 Pass. Hengen w/D  
Past Attempts

COCHISE COUNTY HEALTH & SOCIAL SERVICES

JAIL MEDICAL SERVICES

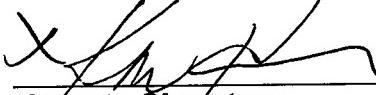
AUTHORIZATION FOR MEDICAL CARE AND TRANSFER OF MEDICAL RECORDS

<u>7/25/19</u>	<u>CA-16</u>	<u>W</u>	<u>F</u>
Date	Floor & Cell	Race	Sex
<u>17-2928</u>	<u>Hillg Kristina</u>	<u>42</u>	<u>9/17/76</u>
Booking Number	Name: Last, First, Middle initial	Age	DOB

I, the undersigned, hereby authorize the responsible jail physician, physician's assistant, or nurse to administer such medical examinations and/or treatment as necessary for my health.

I, hereby certify that I have read and fully understand the above authorization for medical care. I also understand that I may elect to refuse medical care if desired.

  
Witness Signature

  
Inmate Signature

  
Parent/Legal Guardian Signature

I, the undersigned, hereby authorize transfer of my medical records to/from any other correctional facility or health care provider. This record will continue to be confidential to personal medical needs and in no way a part of my confinement record.

  
Witness Signature

  
Inmate Signature

  
Parent/Legal Guardian Signature

02/25/2019 Cochise County Jail Bisbee  
20:40:19 Intake Healthcare Assessment  
**Booking Number:** 17-2928 Confined  
**Name Number:** 644 Kristina Hills  
**Assessment Date:** Monday, 02/25/2019 08:35 PM **Who:** RDonahue CCSO  
**Risk Class:**  
**Final Score:** 0

**Risk Assessment Questions:**

**Question:** Is the person disoriented?

**Answer:** No

**Notes:**

**Question:** Is the person confused?

**Answer:** No

**Notes:**

**Question:** Does the person complain of pain?

**Answer:** No

**Notes:**

**Question:** Does the person have visible trauma or bleeding?

**Answer:** No

**Notes:**

**Question:** Are there visible signs of alcohol or drug influence?

**Answer:** No

**Notes:**

**Question:** Are there visible signs of withdrawal from alcohol or drugs?

**Answer:** Yes : Comments:

**Notes:** MW-30 STATES POSS HEROIN WITHDRAWAL

**Question:** Are there visible signs of Infection?

**Answer:** Yes Comments:

**Notes:** PRIOR PELVIC INFLAMMATORY

**Question:** Are you in need of special medical care?

**Answer:** No

**Notes:**

**Question:** Do you have Diabetes? Diabetes

**Answer:** No:

**Notes:**

**Question:** Do you have Seizures? Ataques Epileípticos

**Answer:** No

**Notes:**

**Question:** Do you have Heart Disease? Problemas del Coraz`on

**Answer:** No

**Notes:**

**Question:** Do you have High Blood Pressure? Alt presi`on?

**Answer:** No

**Notes:**

**Question:** Do you have Asthma? Asma?

**Answer:** No

**Notes:**

**Question:** Do you have Lung Problems? Problemas de pulm`on

**Answer:** No

**Notes:**

**Question:** Do you have Open Sores? Heriadas o ampollas abiertas?

**Answer:** No

**Notes:**

**Question:** Do you have Liver Problems? Problemas de higado?

**Answer:** No

**Notes:**

**Question:** Do you have Hepatitis? Hepatitis?

**Answer:** Yes: comments:

**Notes:** C

**Question:** Do you have Dental Problems? Problemas dentales?

**Answer:** No

**Notes:**

**Question:** Do You have Bladder/Kedney Problems? Problemas de vesicula o rinnes?

**Answer:** No

**Notes:**

**Question:** Do you have Stomach Problems? Problemas estomacales?

**Answer:** No

**Notes:**

**Question:** Do you have Muscle/Bone Problems?

**Answer:** Yes: Comments:

**Notes:** OSTEOMYLITIS IN SPINE

**Question:** Do you have Allergies? Alergias?

**Answer:** Yes

**Notes:** WOOL

**Question:** HIV/AIDS? SIDA?

**Answer:** No

**Notes:**

**Question:** Pregnant? Embarazo?

**Answer:** No

**Notes:**

**Question:** Other Medical Problems? Algun otro problema medico? Specify Other in comments

**Answer:** Yes Comments:

**Notes:** LEFT FOOT IS BROKEN, ON 2 WEEKS AGO

**Question:** Are you presently taking prescription Medication? Estas tomando medicamentos en este momento?

**Answer:** No

**Notes:**

**Question:** Have you had surger, injury or have you been hospitalized in the last year? Ha tenido una operacion, quirurgica, o ha sido hospitalizado dentro del ultimo año?

**Answer:** Yes Specify

**Notes:** NO

**Question:** Do you have a special Diet? Usted requiere alguna dieta especial?

**Answer:** No

**Notes:**

**Question:** Do you use tobacco? Use tabaco o fuma?

**Answer:** Yes

**Notes:** CIGARRETES

**Question:** Do you use street drugs? usa drogas ilegales?

**Answer:** Yes Specify:

**Notes:** HEROIN, SPEED OCCASSIONALY

**Question:** Alcohol use? Toma alcohol?

**Answer:** No

**Notes:**

**Question:** Have you had alcoholic siezures or DT's? Ha tenido ataques epilepticos casados por el alcohol o desintoxicacion?

**Answer:** No

**Notes:**

**Question:** Does the Arresting Officer believe th inmate is suicidal

**Answer:** No

**Notes:**

**Question:** Is the inmate acting in a strange manner?

**Answer:** No

**Notes:**

**Question:** Is inmate"s behavior suggestive of assault risk for staff or other inmates?

**Answer:** No

**Notes:**

**Question:** Have you ever attempted suicide? Alguna vez ha atentado suicidarse?

**Answer:** Yes

**Notes:**

**Question:** When was the Attempt? Cuando fue la ultima vez?

**Answer:** last Attempt:

**Notes:** 20 YRS AGO SW-30

**Question:** Has anyone in your family attempted or committed suicide? Alguna vez alguien en su familia ha atentado suicidarse o has cometido suicidio?

**Answer:** Yes Comment

**Notes:**

**Question:** When was the last attempt? Cuando fue la ultima vez?

**Answer:** Last Attempt:

**Notes:** GRANDMOTHER OVER 20 YRS AGO

**Question:** Are you thinking of hurting yourself? Esta pensando en lastimarse o danarse fisicamente?

**Answer:** No

**Notes:**

**Question:** Have you ever been diagnosed as having a serious mental illness? Ha sido diagnosticado con problemas mentales?

**Answer:** Yes

**Notes:**

**Question:** If yes, what diagnosis: Que fue el diagnostico:

**Answer:** Diagnosis:

**Notes:** ADHD, DEPRESSION, ANXIETY, DEFIANT AUTHORITY DISORDER

**Question:** Are you taking any medication for emotional or mental health problems? Est醗 tomando medicamentos por problemas mentales o emocionales?

**Answer:** Yes

**Notes:**

**Question:** Have you ever been in a hospital for emotional or mental health problems? Ha sido hospitalizado por problemas mentales o emocionales

**Answer:** Yes

**Notes:**

**Question:** Are you currently with an agency for mental care? Actualmente est醗 recibiendo tratamientos por problemas mentales?

**Answer:** Yes

**Notes:** ACTS

**Question:** Case Manager: Quien está manejando su caso: Agency: Qué agencia o clínica lo está tratando:

**Answer:** Case Manager:

**Notes:** TREVOR, SV ACTS

**Question:** Any travel outside of the U.S. in the last 12 months? Ha viajado fuera de los Estados Unidos dentro del último año?

**Answer:** No

**Notes:**

**Question:** Do you have medical insurance? Tiene seguro medio?

**Answer:** Yes

**Notes:**

**Question:** Carrier: Proveedor

**Answer:** Insurance Carrier?

**Notes:** APIPA

**Question:** Were you ever in special education classes in school? En la escuela, ha estado en educación especial?

**Answer:** No

**Notes:**

**Question:** Is Inmate under the Age of 22 years?

**Answer:** No

**Notes:**



# Cochise Health & Social Services

Carrie Langley, Director

"Building A Healthier Future"

## TUBERCULIN SKIN

The Tuberculosis Skin Test is given to determine whether you have Tuberculosis germs in your body. These germs are coughed into the air by a person who had infectious Tuberculosis disease. The way these germs get into your body is to breathe them in through the nose. The only way you can find out if you have these germs in your body is to have a Tuberculin Skin Test.

The test is given by injecting a small amount of Tuberculin Purified Protein Derivative just under the surface layers of the left forearm.

**THE TEST SHOULD NOT BE TAKEN IF YOU HAD TUBERCULOSIS DISEASE IN THE PAST OR HAVE HAD A POSITIVE IN THE PAST.  
PLEASE INFORM THE NURSE OF ANY KNOWN REACTION TO THIS TEST AND THE DATE THE TEST WAS PERFORMED.**

When the Tuberculosis Skin test is given, you will be asked to **RETURN in 48 to 72 HOURS** so the nurse can determine whether you have a reaction from being exposed to Tuberculosis. At this time you will be told that you have a:

- (1) Negative Reaction
- (2) Positive Reaction
- (3) Questionable Reaction (may require repeat Tuberculosis Skin Test)

If you have a positive reaction to the test: an interview will be arranged by the nurse to discuss what should be done. Chest X-ray may also be required. If you have any questions please feel free to ask the nurse before receiving the test.

Cochise County Health Department  
**TB SKIN CONSENT FORM**

CB

I have the information sheet regarding the Tuberculin Skin Test. I had an opportunity to ask questions that were answered to my satisfaction. I understand the value of the TB Skin Test and request that the test be given to me, or the person named below for whom I am authorized to make this request. I also consent to a chest X-ray IF the TB skin test shows a 10mm or more reaction. The chest X-ray can be obtained thru a county contracted provider for \$35.00.

Signature:

Date: 9/7/17

Witness:

Name of the person to be tested (Please print):

Hills, Kristina Marie

Date of Birth: 9/17/76

PPD lot #: C48(CCAT)

Exp Date: 225AW2018

Administered by (nurse's signature):

Read Date: 9/9/17

Results: 0 mm Neg

Public Programs, Personal Service: [www.cochise.az.gov](http://www.cochise.az.gov)

Email: [health@cochise.az.gov](mailto:health@cochise.az.gov)

Main: 1415 Melody Lane, Bldg. A, Bisbee, AZ 85603  
Benson: 126 W. 5<sup>th</sup> Street, Benson, AZ 85602  
Douglas: 515 7<sup>th</sup> Street, Douglas, AZ 85607  
Sierra Vista: 4115 E. Foothills Dr., Sierra Vista, AZ 85635  
Willcox: 450 S. Haskell Ave., Willcox, AZ 85643

Phone: 520-432-9400  
Phone: 520-586-8200  
Phone: 520-805-5600  
Phone: 520-803-3900  
Phone: 520-384-7100  
Fax: 520-432-9480  
Fax: 520-586-2051  
Fax: 520-364-5453  
Fax: 520-459-8195  
Fax: 520-384-0309

Hills, Kristina Marie  
DOB: 09/17/1976  
NN#: 644  
Allergies: NKDA

## RANCE FROM WATCH WORK SHEET

OB 9-17-76 Date Booked 2-26-19Place V Time V Situation V Total 4Location CB Who Placed the Watch Medicorp Why;Past Attempts X Comments \_\_\_\_\_ Odd Behavior \_\_\_\_\_ Bad News \_\_\_\_\_ Charges / > 22 \_\_\_\_\_

First Time Incarcerated \_\_\_\_\_ Depressed \_\_\_\_\_ Highly Anxious \_\_\_\_\_ SMI \_\_\_\_\_ (Known or Suspected)

Attempts made while in custody will need Psychiatrist's approval in writing for clearance.

If inmate made previous attempts how many? 1 When was the last attempt made?1996 What did they do? \_\_\_\_\_Is this inmate withdrawing? Y N If yes from what? DeniesIf Yes date of last use \_\_\_\_\_. (CIWA/COWS should be completed prior to SW clearance.)  
reports short use of opiatesDoes this inmate report a history of severe mental illness? Y NIf yes what? TBI Prior to incarc. (4 days.)Does this inmate report previous mental health hospitalizations? Y CIs this inmate on medication? Y N If yes What are the names of the medications?nothing currentHave they been taking them? Y N Meds are non-Formulary \_\_\_\_\_Has this inmate seen crisis? Y N # of times \_\_\_\_\_ Status \_\_\_\_\_Has this inmate been restrained while in custody? Y N When? \_\_\_\_\_Has this inmate been in a smock? Y N If yes when did they last act out? \_\_\_\_\_Does this inmate have a Mental Health Agency? Y N Name of Agency CPIHDenies Current SI or PlanDate Cleared from SW 4/28/19 OIC \_\_\_\_\_Med/supervisor \_\_\_\_\_ MH/RN J. M. Tress Dr. Schiff Y N \_\_\_\_\_  
RNDenies Current Plan or intent to self harm.

## COCHISE COUNTY JAIL SUICIDE ASSESSMENT

1. IN THE PAST FEW WEEKS HAVE YOU WISHED THAT YOU WERE DEAD?  YES  NO

Two weeks ago

2. IN THE PAST FEW WEEKS HAVE YOU FELT THAT YOUR FAMILY WOULD BE BETTER OFF IF YOU WERE DEAD?  YES  NO

Two weeks ago

3. IN THE PAST WEEK HAVE YOU HAD THOUGHTS OF KILLING YOURSELF?  YES  NO.

4. HAVE YOU EVER TRIED TO KILL YOURSELF?  YES  NO  
IF YES, WHEN? 1996

5. IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ARE YOU HAVING THOUGHTS OF KILLING YOURSELF (OR ANYONE ELSE) AT THIS MOMENT?  YES  NO.

IF ANY TIME YOU FEEL SUICIDAL WHILE AT THE JAIL A CRISIS TEAM CAN BE ACTIVATED TO SPEAK TO YOU.

Brain Ins  
2012

KH  
2/28/19

## FASPSYCH, LLC TELEPSYCH MEDICATION MONITORING NOTE

Date: 10 / 4 / 2017 Time: \_\_\_\_\_  Am  Pm Age: 41

Name: Kristina Hills Sex:  M  F

Date of Birth: 9 / 17 / 1976 Source of information: inmate/staff

### SESSION CONDUCTED VIA TELEMEDICINE

#### MENTAL STATUS EXAM

Behavior:  Cooperative  Uncooperative  Partially Cooperative

Alertness:  Normal  Diminished

Gait:  Normal  Ataxic  Other

Motor:  Normal  Hyperactive  Hypoactive

Affect:  Appropriate  Blunted  Flat  Labile  Anxious  Suspicious  
 Restricted  Angry  Hostile  Agitated  Inappropriate

Mood:  Euthymic  Euphoric  Elevated  Irritable  Dysphoric  Expansive  
 Depressed  Grandiose

Delusional:  Yes  No  Unable to Assess

Thought Process:  Logical  Circumstantial  Tangential  Blocking  Concrete  Indifferent  Flight of Ideas

Speech:  Normal  Pressured  Slow  Verbose  Rapid  Slurred  
 Mute  Loud  Profane

DTS/DTO:  Suicidal  Homicidal  Denies  With Plans/intent  No Plan/intent

## FASPSYCH, LLC TELEPSYCH MEDICATION MONITORING NOTE

Hallucinations: No  Unable to Assess  Yes  Objectively Present  Yes  
 Yes  Auditory  Visual  Tactile  Olfactory

Denies now—past A/V/H when on illicit drugs

Orientation:  Oriented x3  Oriented x2  Oriented x1  Disoriented  Unable to Assess

Memory Intact:  Yes  No  Partial  Unable to Assess  
Reports it is improving since she had a TBI in 2012—used to be “pretty bad”

Insight:  Yes  No  Partial  Unable to Assess  
defeer

Judgment:  Good  Fair  Poor  Not Intact  
defeer

### DIAGNOSES

Polysubstance Use

Antisocial Traits

Unspecified Depressive DO

2015—spine surgery—reports h/o osteomyelitis then

TBI in 2012—assault—reports frontal lobe damage—had brief LOC, per her report

Current meds: denies

Allergies: denies; wool???

Summary:

41 y/o female. Reports h/o numerous arrests and has been to DOC—both State and Federal. Was homeless prior to this arrest. Has some college education. Inmate reports her CD hx started at about 10 y/o---THC, meth, ETOH, cocaine, Spice, heroin, pain meds, huffing as a teenager, no bath salts. Drug of choice is heroin—IV. Has had “accidental” ODs. Past tx in 1998 was long-term RTC. Had RTC tx in 2009 as well. Past MH tx—in elementary school due to issues with “attention.” Dx’d then for ODD, depression, anxiety, PTSD, ADHD—does not recall names of past meds. Sporadic MH tx on/off since then. Last tx was at LFC in Tucson in 2015—does not recall meds from then. 1 IP MH admit at 18 y/o---“I was on a lot of drugs and stabbed my wrist a few times.” No recent self harm. Last heroin OD was in 2/17. Denies S/H/I. Future-oriented. “I have an extensive criminal history for drug problems.” No acute mania/psychosis. Denies S/H/I. Future-oriented. She now reported poor sleep, “bad dreams,” lacks motivation, decreased energy, “normal” appetite, has crying spells, likes to read/draw. Denies feeling hopeless. Inmate reports her mother has been tx for depression and GM committed suicide—inmate does not know details. LMP—“yesterday”

Medication Changes/Lab/ Orders:

## FASPSYCH, LLC TELEPSYCH MEDICATION MONITORING NOTE

Substance Use tx; Have past records sent as collateral, if possible; start Remeron 7.5 mg qhs for 7 nights then increase to 15 mg qhs; discussed uses/risks/SE w/lth inmate. Weigh inmate 2x/month for 3 mos. RTC 3 months.

Vincent Krasevic, M.D.

Date  
Oct. 2, 2017

10/06/2017 HILLS, KRISTINA #644  
MIRTAZAPINE 7.5MG TAB END: 10/13/2017  
TAKE 1 TABLET(S) ORALLY AT BEDTIME /  
V. KRASEVIC, 0323 TELEPHONE INITIALS an

10/13/2017 HILLS, KRISTINA #644  
MIRTAZAPINE 15MG TAB END: 11/12/2017  
TAKE 1 TABLET(S) ORALLY AT BEDTIME /  
V. KRASEVIC, 0323 TELEPHONE INITIALS m

*No Med Changes Rx*



## COCHISE COUNTY JAIL MEDICAL

### PROGRESS NOTES

INMATE NAME Hills, Krishna NAME # 644

Date/Time	
9/9/17	"Fungal infection". No external infection. She has a history of osteomyelitis in spine. Surgery in 2015. I/p has not done any F/U. No emergent symptoms at this time. F/U upon release. Nurse RN
NSC 98.2 98% 930 11/6/83	I/P states she's been Dx w/ PID prior to her arrest. States she never finished her abx. Requesting to be seen by provider. Experiencing a lot of pain and has a lump. She states she has put in multiple requests to be seen and has not. — tilde style
3/10/19	Seen @ NSC for Painful bump & grom.
11/2/73 75 98% 97.4	Small (pea size) bump noted @ L pubic area. No redness, no induration. Possible lymph node. It is noted that I/P recently shaved pubic area. Adv against this as it can cause ingrown hair etc. F/U @ NP next wk. To alert medical if any changes (↑ size, pain, redness). — Nurse RN

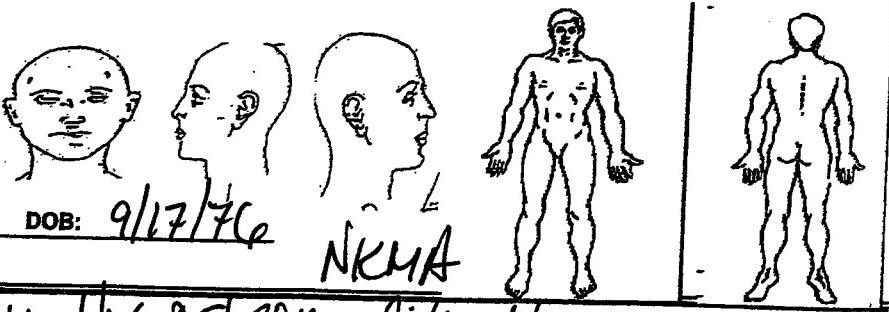
## COCHISE COUNTY JAIL

## Medical Progress Note

Date: 8/29/17 Time: 1045

Patient Name: Hills, Kristina DOB: 9/17/76

Name Number: 0624 NKMA



## Subjective Complaint:

Flu Hx Osteomyelitis Hx  
 Concerned about "bumps on spine," has had them x 7 mths. Was supposed to have blood work done by infectious diseases doctor, but didn't.

OBJECTIVE:	Normal	Findings: BP 129/86 Pulse 98 Resp 16 Temp 96° Wt 138 SPO <sub>2</sub> 99%.		
	Labs		X-rays	
Constitutional	✓			Hx: RA, Osteomyelitis.
HEENT				
Lungs/Chest	✓			Heroin use - IV
Heart	✓			Denies ETOH, tobacco daily
Abd				
GU				
MSK		2 large "knots" on thoracic spine		
Skin				
Neuro				
Other				

## Assessment:

Plan: Request records from Dr. Thorn's office - Attention Maggie.  
 Records requested 8/29/17. May have Diane (as directed on package) for next 3 days prn diarrhea

08/29/2017 HILLS, KRISTINA  
LOPERAMIDE 2MG TAB

#644

END: 09/01/2017

USE 1 ORALLY TWO TIMES A DAY AS NEEDED / X 3  
DAYS  
C. MADDUX, FNP-C 0624 PRFL WRITTEN INITIALS

Follow-up: If worsening or as pm

Patient education:

Nurse Signature: M. Hill, RN 8/29/17

Medical Provider Signature

## PROVIDER ORDERS

Vital Signs- B/P 174/83 HR 110

Temp 99.4, O2 98, Pain 1/10

WT- 132



NAME: Hills, Kristina Marie

DOB: \_\_\_\_\_ NN: \_\_\_\_\_

DOB: 09/17/1976

DATE OF PF NN#: 644

COMPLAINT(S): \_\_\_\_\_

Allergies: NKDA

ALLERGIES: \_\_\_\_\_

### PROVIDER ORDERS:

✓ Prednisone 50mg 1 po daily  
x 5 days

+ Albuterol inhaler 1/1 puffs  
BID x 2 weeks

✓ Flonase 1 spray each nostril  
daily x 2 weeks.

03/29/2019 HILLS, KRISTINA  
PREDNISONE 50MG TAB  
TAKE 1 TABLET(S) ORALLY DAILY /

#644  
END: 04/03/2019

03/29/2019 HILLS, KRISTINA #644  
FLUTICASONE NASAL (16GM) 50MCG SPRY END: 04/12/2019  
USE 1 SPRAY(S) NASALLY DAILY / 1 SPRAY EACH  
NOSTRIL  
C. MADDUX, FNP-C 0323 TELEPHONE INITIALS \_\_\_\_\_

C. MADDUX, FNP-C 0323 PRFL TELEPHONE INITIALS \_\_\_\_\_

PROVIDER SIGNATURE: Kristina Hills APR

DATE: 3/28/19 TIME: 1143

RN NOTING ORDERS: Guadalupe RN

DATE: 3/28/19 TIME: 1155

03/29/2019 HILLS, KRISTINA  
ALBUTEROL HFA (18GM) INH  
INHALE 2 PUFF(S) ORALLY TWO TIMES A DAY /

#644

END: 04/12/2019

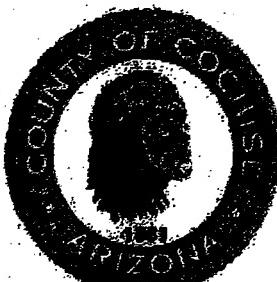
C. MADDUX, FNP-C 0323 PRFL TELEPHONE INITIALS \_\_\_\_\_

#137

98.4, 13A/87.90

RR:10

## PROVIDER ORDERS



*Public Programs, Personal Service.*

NAME: Hills, Kristina Marie

DOB: \_\_\_\_\_ NN: \_\_\_\_\_

DATE OF: NN# 644

EF COMPLAINT (S): \_\_\_\_\_

Allergies: NKDA

ALLERGIES: \_\_\_\_\_

### PROVIDER ORDERS:

Obtain urine for dip

May do on 3/4/19 during  
lab draws.

PROVIDER SIGNATURE: RJ Goldfarb

DATE: 3/2/19 TIME: 1637

RN NOTING ORDERS: JM Goldfarb

DATE: 3/14/19 TIME: 1500



## "Pink Slip"

To:

Date: 3/15/19

From: **MEDICAL**

I/M Hills, Kristina

I/M# 644 Date of Birth 9/17/74

May K.O.P

DO Physical Activity x 3 days

Start Date: 3/15/19

Stop Date: 3/19/19

Thank You!

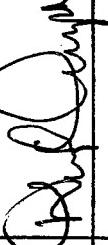
WT Bi-Monthly X 3 CB

## TREATMENT FLOW SHEET

B  
O  
O

**NAME #**

Hills, Kenneth

DATE	TX:	SIGNATURE
10/14	152#	
10/20		
11/3		
11/17		